

Jeff Spitzley, Coordinator
Safe Kids Michigan
MI Dept. of Community Health
House Transportation Committee Hearing Testimony
June 21, 2007

Mr. Chairman and Committee Members:

Thank you for this opportunity to speak with you about this legislation today.

I am the state coordinator for the Safe Kids program, a worldwide organization dedicated to the prevention of accidental injuries to children. I help local Safe Kids groups conduct public events and programs in an effort to reduce the leading killer of children – motor vehicle crashes. The goal of each Safe Kids coalition is to educate parents and caregivers that seat belts are not designed to protect children under the height of 4’9” or the age of 8, that the rear seat is the safest place for a child, and that children must be restrained at all times, on every ride. Our message for parents also includes that seat belts are designed for adults, and therefore rest on areas of soft tissue of children under 4’9” in height. As a result, children often do not wear seat belts properly, and even if they do, severe injuries and death can occur as a result of the seat belts impact on their bodies.

Despite the educational and advocacy efforts of many organizations in the state, motor vehicle crashes remain the leading cause of death to children ages 14 and under. A statewide telephone survey conducted as part of a U of M Transportation Research Institute project in 2004 made it very clear why. Parents look to the law for guidance on how to best protect their children. Parents indicated in the survey that the biggest factor in their decision whether to have their 4-8 year old child in a child restraint was the law. “If it was that important, it would be required by law” was the common sentiment of parents. A concurrent U of M study found that only 8.6 percent of Michigan children ages 4 to 8 were in child restraints.

It is time for Michigan to join the 38 other states that protect children over 4 years of age by requiring the use of child restraints.

Laws do make a difference. Mandating child restraint use for children between the ages of 4 and 8 years increases restraint use. Partners for Child Passenger Safety (PCPS), the world’s largest study of children involved in motor vehicle crashes, is a research partnership between The Children’s Hospital of Philadelphia and State Farm Insurance Companies. This project began in 1998 and includes data from 16 states. Analysis of the data has concluded that:

1. Child restraints work, reducing a 4 to 8 year old child’s risk of injury in a crash by 59 percent

2. Children in seat belts alone are 4 times more likely to suffer head/brain injury as compared to those in a child restraint
3. In states with a law requiring child restraint use for children age 4 to 8, children ages 6 to 7 years were twice as likely to be in a child restraint
4. Child restraints offer a sound return on investment, when the retail price of a booster seat and the costs related to mandating their use are included, booster seat laws still offer a return on investment for society of 8.6 to 1
5. Booster seats are inexpensive, typically less than \$20.00, and private and state-funded distribution programs are available
6. Restraining children in the rear seat reduces the risk for injury by 38 percent

In addition to the immediate effect of protecting our children, passage of this legislation will make Michigan eligible to apply for nearly \$1,000,000 in federal funding to be used to educate families on the proper use of child restraints, and provide free or low-cost child restraints to families in need. To be eligible to apply for this funding, children up to age 8 and the height of 4'9" must be required by law to ride in a restraint, and the current exception for nursing infants must be removed.

On behalf of the Michigan children who will be optimally protected by this legislation, I thank you for your time and consideration, and ask that you vote to pass HB 4536, 4537, 4538 and 4939 out of committee.

Testimony for the Michigan House Transportation Committee
June 21, 2007

Dr. Jonathan Fliegel, M.D.
Pediatrician, St. Joseph Mercy Medical System
Chair, Legislative Committee
Michigan Chapter, American Academy of Pediatrics

We strongly support Booster Seat Legislation

The Michigan Chapter of the A.A.P. comprises more than 1600 pediatricians in our state. Our mission is to promote the health, safety and well-being of all of our children. Along with our colleagues across the country, we wholeheartedly support car and car seat safety through legislation and other measures. Thus, we urge the members of Michigan House to pass the bills proposed: House Bills 4536, 4537 and 4538. We would join 38 states and the District of Columbia in having laws that require older children to use appropriate child safety seats.

Why do we support these bills? An Ounce of Prevention

1. Motor vehicle accidents are the leading cause of death and a major cause of injuries of children in Michigan and across the country.
2. Proper restraints work, but seat and shoulder belts alone are not enough for children. Booster seats are more effective in preventing head and other injuries in children ages 4 to 8.
3. The biggest barrier to proper booster seat use is lack of a state law: these bills would overcome that.
4. Booster seats are inexpensive. These bills also propose a fund to assist lower income families in purchasing car seats.

Frequently Asked Questions about Booster Seats: Legislators

Q: Why can't kids just wear a seat belt?

- A: Vehicle seats and seat belts are designed for adult-size bodies that are at least 4'9" tall. A child can slip out from under a lap-only belt and be ejected. Their body may also fold in half (like a tube of toothpaste) during a crash. There is even a medical name for this, Seat Belt Syndrome. In a severe crash, lap belts have been shown to cause serious injury to the liver, spleen, and intestines. In some cases, the spinal cord can be damaged and the child can become paralyzed.

A lap/shoulder belt isn't the answer either. On young children, the lap belt tends to ride up over the soft abdomen, or tummy, and the shoulder belt may cross the neck or face. The solution is NOT to place the shoulder belt behind the child's back, or under the arm. The child then has no upper body protection and can suffer broken ribs and injuries to internal organs. With no upper body protection, there is also great potential for head injury. This is a very serious concern as the brain is the organ least likely to recover from injury.

Q: How does a booster seat work?

- A: A booster seat helps raise a child up so that the adult lap and shoulder belt fit properly; the lap belt should be across the top of the thighs, and the shoulder belt should fit across the center of the child's shoulder and chest.

Q: What types of booster seats are available?

- A. There are two basic types. A high-back booster seat has a back that protects a child against whiplash in cars with low vehicle seat backs/no headrests. No-back boosters (also known as backless boosters) are appropriate for vehicle seats that have a high back and head rest. Both types of seats are effective in protecting children in car crashes.

Q: How effective are booster seats?

- A: Booster seats are extremely effective in preventing injuries in a crash. A child is 59 percent safer in a booster seat than a seat belt alone. A booster is 4 times more effective in preventing a head injury than a seat belt alone.

Q: Are booster seats readily available?

- A: Booster seats are widely available at stores such as Target, Kmart, Toys R Us, and Meijer. They are also available on the Internet. Booster seats are very affordable. Backless booster seats can be purchased for as low as

\$15.00. That's the price of two adult movie tickets or a large pizza! High-back boosters can be purchased for as low as \$30.00. Furthermore, there are many car seats available that convert from a toddler seat to a booster seat so no additional seat needs to be purchased.

Q: What happens when a parent carpools or another person picks up the kids?

A: This is no different than any other parenting issue. The safety of the child is the first consideration. The laws of physics in a crash still apply if the person is picking up the child only once or going a short distance. Booster seats are very important in keeping a child safe. Since a booster seat is small and relatively light, it can transfer easily between one vehicle to another. Booster seats are inexpensive so having a booster in both vehicles should not be a huge monetary consideration or hardship. As mentioned previously, the price of a booster is equivalent to the price of two adult movie tickets or a large pizza.

Q: What if we pass a law and a family can't afford a booster seat?

A: There are many opportunities for Michigan families in need. Many child safety seat fitting stations will be able to supply a booster seat and many other organizations have large quantities of booster seats for families. A complete list is being developed.

Q: What are other states doing?

A: Many states are making their child passenger safety laws more comprehensive. All children should be appropriately covered. As of January 2007, 38 states and the District of Columbia had passed booster seat laws. Included in this list are our neighbors, Indiana and Illinois.

Q: When can a child ride in an adult seat belt?

A: A child can ride safely in a seat belt when it fits right, typically when the child is at least 4'9" tall and 8 years old.

The seat belt fits correctly when:

1. the child can sit with their bottom against the seat back for the entire car ride;
2. the child can bend their knees over the edge of the vehicle seat without slouching;
3. the lap belt stays low on the hips and over the top of the thighs and does not move up on to the abdomen or tummy; and
4. the shoulder belt crosses the center of the shoulder and chest, not the neck or face.



Top Ten Reasons Why Michigan Needs a Booster Seat Law

1. Motor vehicle crashes are the leading cause of death for Michigan children ages 14 and under.
2. Safety belts are designed for adults, not children. A booster seat "boosts" a child up to help the adult safety belt fit correctly.
3. Children ages 4-8 using seat belts alone are 4 times more likely to suffer head/brain injury compared to those using child restraints. A booster seat makes them 59% safer than a safety belt alone.
4. As of January 2007, thirty-eight states have laws that require older children to use appropriate child safety seats, including booster seats.
5. Under the current child passenger safety law, Michigan is not eligible to receive over one million dollars in federal funding which could be used to provide education and free booster seats to low-income families.
6. A study conducted by the University of Michigan Transportation Research Institute in 2004 found that only 8.6% of Michigan children ages 4-8 were appropriately restrained in a booster seat.
7. The biggest barrier to proper booster seat use (as reported by parents in a 2004 statewide telephone survey) is a lack of a state law requiring use.
8. Children can be seriously injured when a safety belt doesn't fit correctly. A child should never place the shoulder belt behind their back or under their arm. The child would not have upper body protection and could suffer broken ribs and injuries to internal organs. The name for this is Seat Belt Syndrome.
9. Booster seats are available at many retail stores and cost as low as \$15.00. That's the price of two adult movie tickets or a large pizza!
10. Children who have outgrown child safety seats with internal harnesses should be properly restrained in a belt-positioning booster seat until they are at least 8 years old, unless they are 4'9" tall.

Endorsed/Supported by: AAA Michigan, General Motors, Ford, DaimlerChrysler, American Academy of Pediatrics, Michigan Sheriffs Assoc., Michigan Health & Hospital Assoc., Michigan State Medical Society, State Farm Insurance, and many other organizations. Visit www.boostmikiids.org for more information.



Child Passenger Safety Resources in Michigan That Provide Education and/or Free or Low-Cost Child Restraints

Name of Organization	County
AAA Bay City	Bay
AAA Birmingham	Oakland
AAA Canton	Wayne
AAA Livingston	Livingston
AAA Michigan - Charlevoix	Charlevoix
AAA Michigan - Midland	Midland
AAA Michigan - Plymouth	Wayne
AAA Muskegon	Muskegon
AAA Sterling Heights	Macomb
AAA West Bloomfield	Oakland
Allegan County Sheriff	Allegan
Alpena County Sheriff	Alpena
Alpena P.D.	Alpena
Bay City Police Department	Bay
Bay County Sheriff Office	Bay
Birmingham Police Department	Oakland
Branch-Hillsdale-St. Joseph Comm Hlth Agy	Branch, Hilldale, St. Joseph
Bronson Methodist Hospital	Kalamazoo
Children's Hospital of Michigan	Wayne
Clinton Township Police Department	Macomb
Delta/Menominee District Health Department	Delta & Menominee
Devos Children's Hospital	Kent
District Health Department No. 10	Oceana
Early Headstart	Genesee
East Lansing Police Department	Clinton
Elhart Dodge, Inc.	Emmet
Emmet County Sheriff	Jackson
Extreme Dodge - Dodge Truck, Inc.	Oakland
Farmington Hills Fire Department	Midland
Feeny C-P-D of Midland, Inc.	Wayne
Flat Rock Police Department	Wayne
Ford Motor Company	
Grand Haven Public Safety	Ottawa
Grand Rapids Community College P.D.	Kent
Grand Rapids Police Department	Kent
Grandville Fire Department	Ottawa
Grandville Police Department	Ottawa
Harrison Township Fire Department	Clinton
Hurley Medical Trauma Services	Genesee
Ishpeming Police Department	Marquette
Jackson County Health Dept.	Jackson
Kalamazoo Department of Public Safety	Kalamazoo
Kalkaska County Sheriff Office	Kalkaska
Kelley Adams, Ford Motor Company	Wayne
Kentwood Police Department	Kent
Keweenaw Memorial Medical Center	Keweenaw
Lakeshore SAFE KIDS (2 locations)	Ottawa

Lenawee County Health Department	Lenawee
Lenawee United Way	Lenawee
Lenox Township Fire Department	Lenawee
Lowell Police Department	Kent
Macomb County Health Department	Macomb
Macomb County Sheriff's Department	Macomb
Marquette City Fire Department	Marquette
Marquette County Health Department	Marquette
Marquette County Sheriff's Department	Marquette
Marquette General Health System	Marquette
Mason Police Department	Ingham
Mattawan Police Department	Van Buren
MedStar Ambulance	Van Buren
Melton Motors Volkswagen	Macomb
Mercy General Health Partners	Muskegon
Meridian Township Police	Clinton
Michigan Department of Community Health	State Coverage
Michigan State Police Office of Highway Safety Planning	State Coverage
Michigan EN CARE/MCGH	Macomb
Michigan State Police - Bay City	Bay
Michigan State Police - East Tawas	Iosco
Michigan State Police - Hart	Oceana
Michigan State Police - Iron Mountain	Dickenson
Michigan State Police - Kalkaska	Kalkaska
Michigan State Police - Mt. Pleasant	Isabella
Michigan State Police - Nagaunee	Marquette
Michigan State Police - Niles	Berrien
Michigan State Police - Oak Park	Oakland
Michigan State Police - Paw Paw	Van Buren
Michigan State Police - Petoskey	Emmet
Michigan State Police - Reed City	Osceola
Michigan State Police - Rogers City	Presque Isle
Michigan State Police - Wayland Post	Allegan
Michigan State University Extn - Huron Co	Huron
Michigan Resource Ctr for Health & Safety	State Coverage
Midland Police Department	Midland
Mott Children's Hospital	Washtenaw
MSP Niles Post	Berrien
MSU Extension - Grand Traverse	Grand Traverse
Mt. Clemens General Hospital	Macomb
Munson Medical Center	Grand Traverse
New Baltimore Police Department	Macomb
Northern Michigan Hospital Association	Emmet
Norton Shores Fire Department	Muskegon
Novi Police Department	Oakland
Oakland University Police Department	Oakland
Oakwood Healthcare System	Wayne
Oceana County Sheriff's Office	Oceana
Oshtemo Fire Station #2	Kalamazoo
Ottawa County Sheriff	Ottawa
Portage Health System	Kalamazoo
Program Professionals, Inc.	Wayne
Ralph Thayer Volkswagen	Monroe
Rambling Road Pediatrics	Kalamazoo
Richmond Police Department	Macomb

Roseville Fire Department	Macomb
Safe Kids Capital Area	Ingham, Eaton
Royal Oak Fire Dept.	Oakland
Safe Kids Berrien Co.	Berrien
Safe Kids Branch-Hillsdale-St. Joseph	Branch, Hillsdale, St. Joseph
Safe Kids Calhoun Co.	Calhoun
Safe Kids Clinton County	Clinton
Safe Kids Copper Country	Houghton, Keweenaw
Safe Kids Greater Grand Rapids	Kent
Safe Kids Greater Flint	Genesee
Safe Kids Greater Lapeer Co.	Lapeer
Safe Kids Greater Thumb Area & Saginaw	Sanilac, Huron, Tuscola, Saginaw
Safe Kids Jackson Co.	Jackson
Safe Kids Kalamazoo Co.	Kalamazoo
Safe Kids Lenawee Co.	Lenawee
Safe Kids Macomb Co.	Macomb
Safe Kids Marquette-Alger Co.	Marquette, Alger
Safe Kids Metro Detroit	Wayne, Macomb, Oakland
Safe Kids Montcalm Co.	Montcalm
Safe Kids Muskegon Co.	Muskegon
Safe Kids Newaygo Co.	Newaygo
Safe Kids Northwest Michigan	Emmet, Charlevoix, Antrim, Otsego
Safe Kids North Shore	Benzie, Grand Traverse, Leelanau
Safe Kids St. Clair Co.	St. Clair
Safe Kids Van Buren Co.	Van Buren
Safe Kids Washtenaw Co.	Washtenaw
Safe Kids Westshore	Mason, Lake, Oceana
Safe Kids Wexford-Missaukee Co.	Wexford, Missaukee
Saginaw Chippewa Indian Tribe	Isabella
Saginaw County Department of Health	Saginaw
Sandusky Fire Hall	Sanilac
Sandusky Police Dept.	Sanilac
Shelby Township Police Department	Oakland
Sinai-Grace - DMC	Oakland
Southfield Chry-Ply-Jeep-Eagle	Oakland
Sparrow Health System	Ingham
St. John Health System - North Shores Hospital	Clinton
St. Joseph County Sheriff	Berrien
St. Mary Mercy Hospital	Livingston
Sterling Area Health Center	Arenac
Sterling Heights P.D.	Macomb
Sturgis Police Department	Macomb
Tecumseh Police Department	Lenawee
Thomas Motors, Inc.	Roscommon
Traffic Safety Association of Macomb	Macomb
U.P. Office of Highway Safety Planning Office	Upper Peninsula
UM Mott Children's Hospital	Washtenaw
Utica Police Department	Macomb
Van Buren/Cass District Health Department	Van Buren & Cass
Wayne State University Police Department	Wayne

Patricia Herndon, State Farm Insurance

Michigan House Transportation Committee
Thursday, June 21, 2007

Thank you Chairman Hopgood and Transportation Committee members for allowing this written support of this child passenger safety legislation. State Farm has a long commitment to making our roads safer for our customers as well as families across Michigan. We feel it is our responsibility to be leaders in raising public awareness of auto safety issues.

State Farm-the country's leading auto insurer and Children's Hospital of Philadelphia (CHOP) - the country's leading pediatric hospital have formed the largest child-focused motor vehicle crash surveillance system in the world called Partners for Child Passenger Safety. This partnership began in 1997 and continues today. Our research monitors children in car crashes learning how and why they are injured. To date Partners for Child Passenger Safety has collected information on more than 455,000 crashes involving more than 669,000 children.

The accompanying attachments present relevant data from our research, which addresses the prevalence of inappropriate restraint and why booster seats are necessary for our Michigan youth. The inappropriate restraint of children ages 4-8 in motor vehicle crashes is in epidemic proportions. NHSTA recommends that children remain restrained in a booster seat until at least 8 years-old or until they reach the height of 4'9".

Currently, 38 other states and the District of Columbia have booster seat/child restraint laws in place. Studies show a significant drop in usage of appropriate restraints beginning at age of four. Our studies show that if a child between the ages of 4-8 is not in booster seat (only 24%) the most common type restraint used is a seat belt. CHOP's studies show this is very dangerous for the child. By age 7 very few children are in booster seats and use only the adult seat belt.

Generally, parents are doing a good job of restraining infants and toddlers, but children 4-8 remain inappropriately restrained in adult seat belts putting them at high risk of head and internal injuries should a crash occur.

Please refer to the attached graph showing Injuries to Children by Age Group noting the significant rise in injuries from the age 0-3 to the ages 4-8. I have also included attachments showing dramatic simulations of a 6-year-old in a booster seat vs. lap belt and a booster seat vs. a lap and shoulder belt. Finally, please refer to the graph showing Risk of Abdominal Injury for Child Occupants in Crashes. Note the spike in percentage of abdominal injuries for the booster seat age children compared to the percentage of optimally restrained for the same age group.

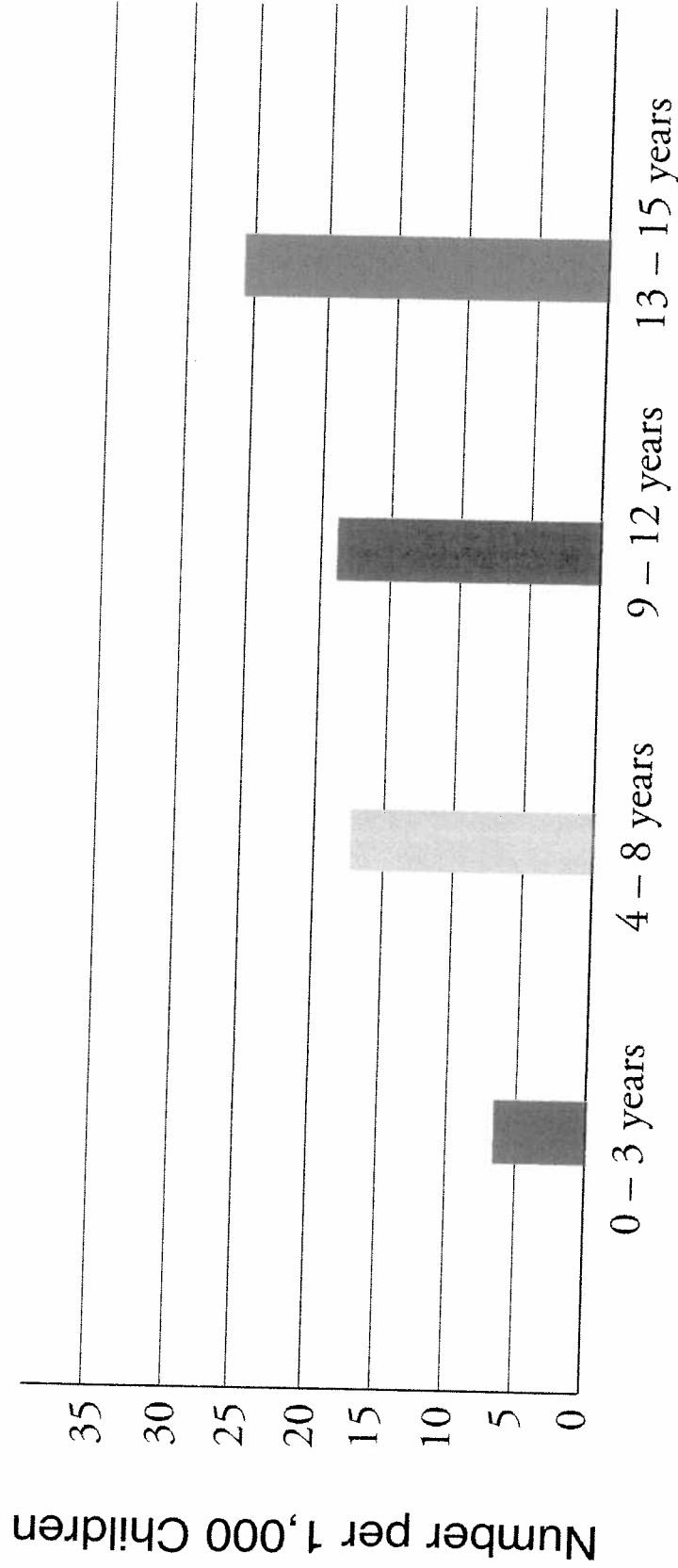
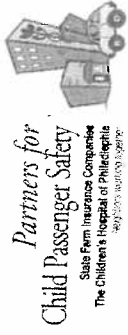
The majority of the cars in collisions have one passenger most commonly 0-8 years-old and that the crash occurs within 7 minutes of the family residence traveling at speeds from 25-45 mph. These injuries are not happening on the highways but rather on the side streets, running errands, dropping off to and from school and going to the local playground.

Unfortunately many of these crashes cause injury to the child, the most common and significant is to the child's head and neck. Injuries to the child's growing brain can result in a lifetime of disabilities. Other injuries include; spine, shoulder and rib fractures, resulting from excessive upper body and head movement during a crash due to inappropriate restraint, like using an adult seat belt on a child 4-8 years of age.

Recently published research from the Partners for Child Passenger Safety shows that since 1998 booster seat use has increased by 75% each year. While the use of booster seats is still dangerously low—only 20% compliant—the trend demonstrates that motivated parents are receptive to booster seat use.

As a representative of State Farm and mother of a four and six year old, thank you Chairman Hopgood and the Transportation Committee members as well as those involved with drafting and sponsoring this legislation that will save lives and prevent serious injury to the children of Michigan.

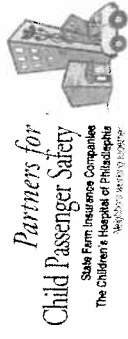
Injuries to Children by Age Group: 2005



Child's Age (Years)

As children age, their risk of being injured in a crash rises. This is likely associated with high rates of child-restraint use for the youngest children and shows the need for age appropriate restraint in older children. Restraints include car safety seats, booster seats and lap/shoulder seat belts.

Restraint of a 6-year-old Child in a Motor Vehicle Crash: Booster Seat vs. Lap Belt



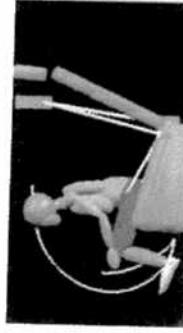
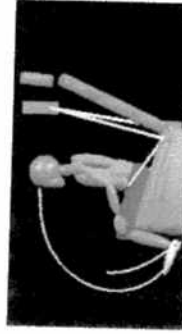
Key Safety Message

Children who have outgrown child safety seats with internal harnesses should be properly restrained in a belt-positioning booster seat until they are at least 8 years old, unless they are 4'9" tall.

Correct Restraint—This simulation below shows how a 6-year-old child properly restrained in a belt-positioning booster seat barely moves during a 35 m.p.h. crash.

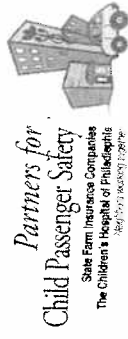


Incorrect Restraint—The same child, improperly restrained in an adult seat belt with the shoulder belt behind the back*, is thrown forward dramatically in the same crash. The inappropriate fit of the seat belt and lack of upper body restraint puts the child at risk for severe head, spine and abdominal injury.



* *Placing the shoulder belt behind the back is a common and dangerous mistake children make when the shoulder belt doesn't fit properly.*

Restraint of a 6-year-old Child in a Motor Vehicle Crash: Booster Seat vs. Lap and Shoulder Belt



Key Safety Message

Children who have outgrown child safety seats with internal harnesses should be properly restrained in a belt-positioning booster seat until they are at least 8 years old, unless they are 4'9" tall.

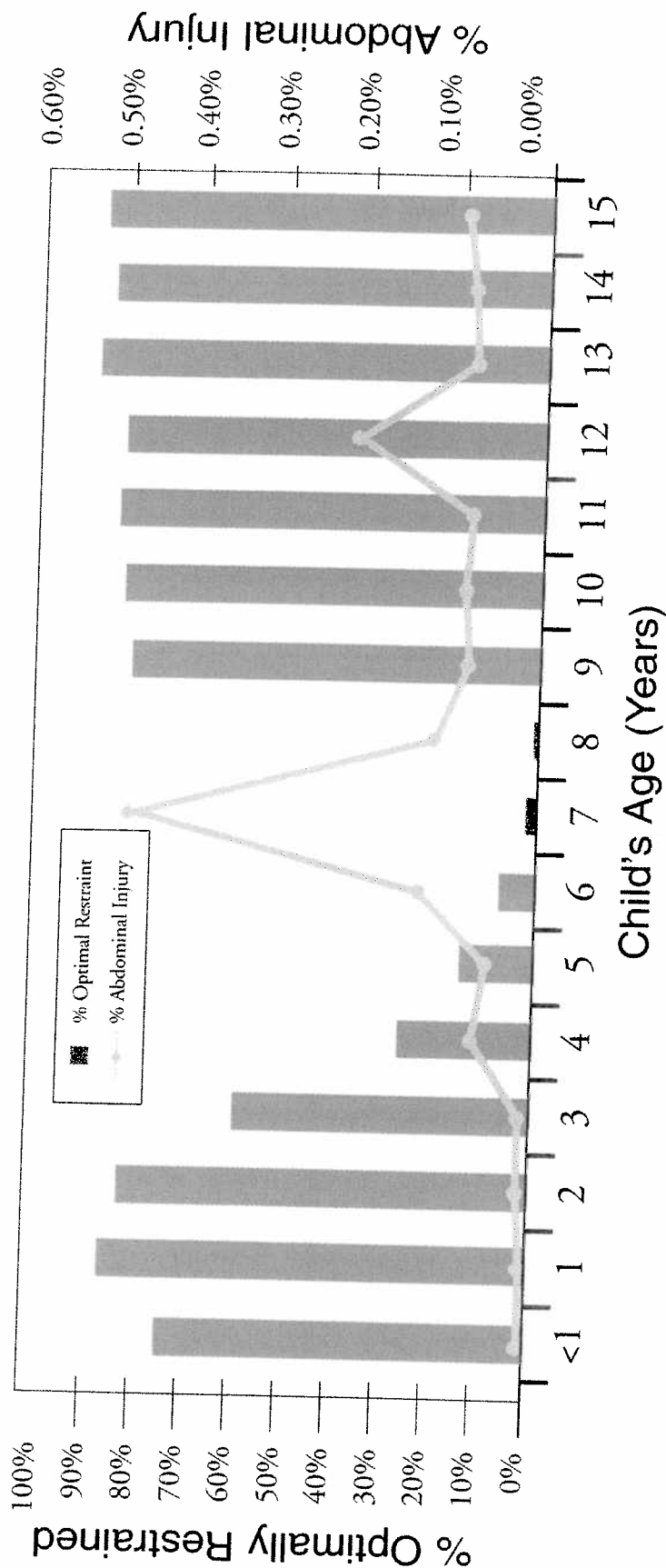
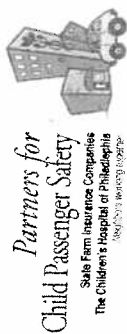
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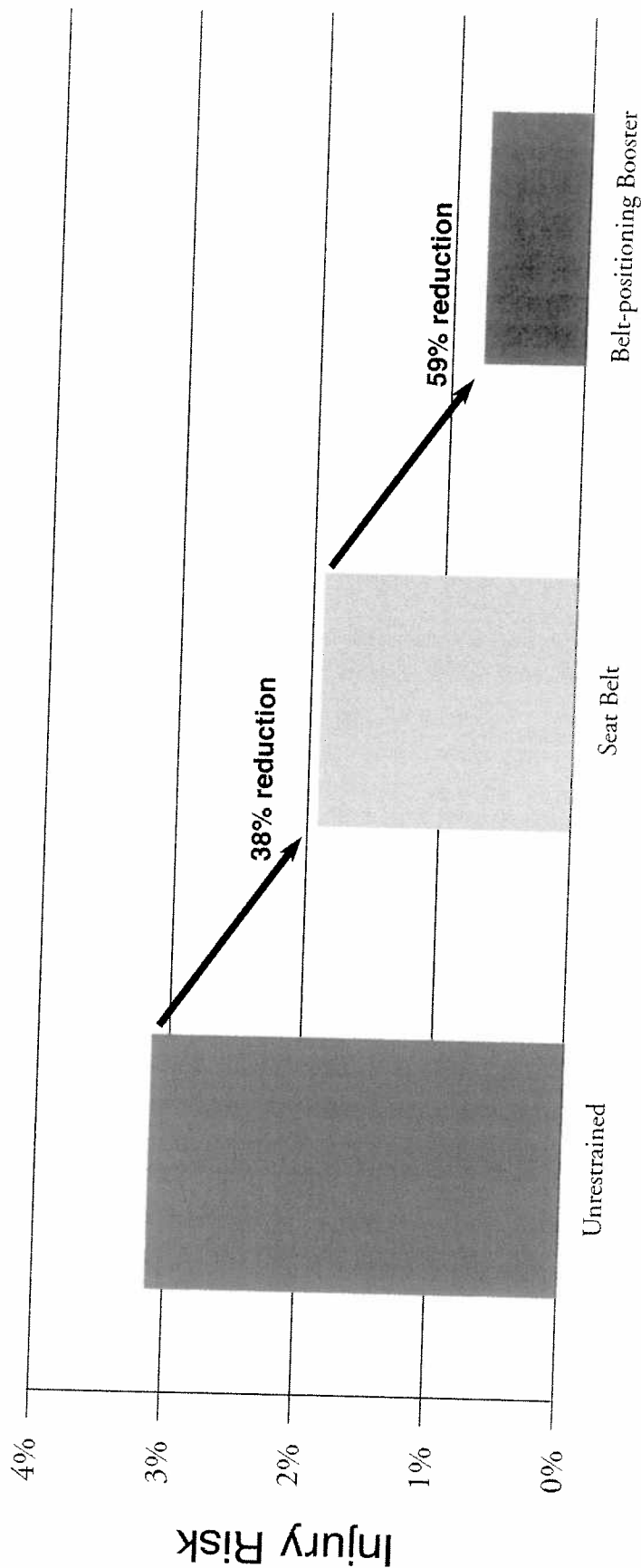
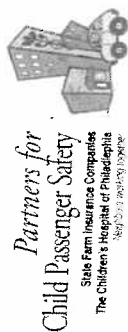


Risk of Abdominal Injury for Child Occupants in Crashes



For all study participants between 1999 and mid-2002, PCPS noted a sudden drop in optimal restraint use beginning at age 3. The lowest optimal restraint use was recorded for children ages 4 to 8, who were also at the highest risk for abdominal injury. Among this age group, children in suboptimal restraints (adult seat belts) were more than three times as likely to sustain an abdominal injury compared to children in optimal restraints (belt-positioning booster seats).

Effectiveness of Belt-positioning Booster Seats in Preventing Injury for 4- to 8-year-olds.



Restraint Type

Belt-positioning booster (BPB) seats are effective for children though at least age 7. Using a BPB with a seat belt instead of a seat belt alone reduces a child's risk of injury by 59 percent. Once a child has outgrown her child safety seat with harness, she should be restrained in a belt-positioning booster seat until she reaches a height at which an adult seat belt fits properly, usually around 4'9".